



ROCKPORT
BOARD OF HEALTH
34 Broadway - Rockport, MA 01966
Phone: 978-546-3701 Fax: 978-546-5013

CATERER'S NOTIFICATION FORM

CATERER'S NAME: _____

ADDRESS: _____

CITY / STATE / ZIP: _____

TELEPHONE NUMBER: _____

To Rockport Board of Health: In accordance with 105 CMR 590.009, we wish to notify you that we plan to cater a function within your jurisdiction on:

DATE: _____ TIME: _____

LOCATION: _____

MENU: _____

Approximate number of people who will be served at the function: _____

Name of person certified in Food Protection Management who will be present at

function: _____ Certification No.: _____

Name of city/town where base of catering operation is located: _____

A copy of the Caterer's Food Establishment Permit is required if base of operation is located outside of the Town of Rockport.

SIGNATURE OF OWNER: _____ DATE: _____

103 CMR 590.009: Special Requirements

(A) Caterers.

- (1) Base of Operations. Each caterer shall have as its base of operations a food establishment that shall comply with the provisions of 105 CMR 590.000, except that a facility holding a permit as a residential kitchen shall not serve as the base of operations for a caterer.
- (2) Notification. Each caterer shall:
 - (a) Notify the board of health of the city or town in which it plans to serve a meal prior to serving any meal elsewhere than in its own food service establishment and shall give written notice to the board of health on a form provided by the board or the Department either prior to or within 72 hours after serving a meal elsewhere than its own food service establishment; and
 - (b) If required by the board of health or its agent, provide the board with a copy of its food establishment permit prior to serving a meal in a city or town other than the one in which its food establishment is located.